

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G	1/3	5/3
O.I.P.E. CLASSIFIER	JK	1020	5/3/01
FORMALITY REVIEW			07106101
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

Claim	Date
1	
2	
3	
4	
5	
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10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	✓ ✓ ✓
21	
22	
23	
24	
25	
26	
27	
28	
29	✓ ✓ ✓
30	✓ ✓ ✓
31	✓ ✓ ✓
32	✓ ✓ ✓
33	✓ ✓ ✓
34	✓ ✓ ✓
35	✓ ✓ ✓
36	✓ ✓ ✓
37	✓ ✓ ✓
38	✓ ✓ ✓
39	✓ ✓ ✓
40	✓ ✓ ✓
41	✓ ✓ ✓
42	✓ ✓ ✓
43	✓ ✓ ✓
44	N N N
45	✓ ✓ ✓
46	✓ ✓ ✓
47	✓ ✓ ✓
48	✓ ✓ ✓
49	✓ ✓ ✓
50	-+ ✓ 0 0

Claim	Date
51	✓ 0 M
52	✓ 0 ✓
53	✓ ✓ ✓
54	N N N
55	N N N
56	N N N
57	N N N
58	N N N
59	N N N
60	N N N
61	N N N
62	✓ ✓ ✓
63	
64	
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73	
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75	
76	
77	
78	
79	
80	✓ = ✓
81	N N N
82	N N N
83	N N N
84	N N N
85	N N N
86	N N N
87	N N N
88	N N N
89	N N N
90	✓ = ✓
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	-+ ✓ = 0

Claim	Date
101	✓ = ✓
102	
103	
104	
105	
106	
107	
108	
109	
110	
111	✓ = ✓
112	N N N
113	J = ✓
114	J = ✓
115	J J ✓
116	N N N
117	N N N
118	N N N
119	N N N
120	N N N
121	N N N
122	N N N
123	N N N
124	
125	
126	
127	
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If more than 150 claims or 10 actions  
staple additional sheet here

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